



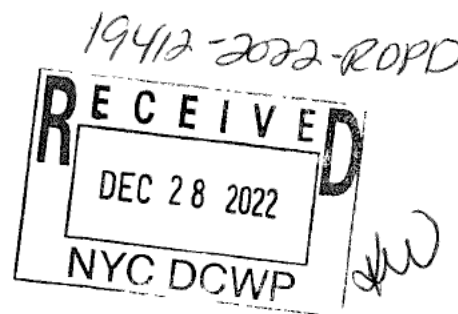
The New York City Department of Consumer Affairs
LICENSING CENTER
42 Broadway
New York, NY 10004
Renewal Unit Telephone: +1 212 487 4060
nyc.gov/dcwp

RENEWAL LICENSE APPLICATION

Dealer In Products

PART 1: CONTACT INFORMATION

Mailing Address:
ORTHO SHOES CORP.
10032 QUEENS BLVD
FOREST HILLS, NY 11374-4257



Print Date: December 15, 2022

Premises Address:
10032 QUEENS BLVD
FOREST HILLS, NY 11375-2746

Fee: \$200.00 **Item Count:**

Record ID: 1376110-DCA

PIN: 3585375

Email:

License Number: 1376110-DCA

License Expiration: 03/15/2023

Telephone Number: 718-275-0018

What is your Business's legal structure?

- | | |
|--|---|
| <input type="checkbox"/> Business/General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |

If your Business's legal structure is Sole Proprietorship, Business/General Partnership, or Limited Partnership, complete **PARTS 2, 3, 4, 5, and 6**.

All other legal structures, complete **PARTS 2, 3, and 6**.

PART 2: CHANGES TO CONTACT INFORMATION

Enter new contact information if different from above and EIN, if applicable.

New Mailing Address:	Employer Identification Number (EIN): <i>Required for sole proprietorships with paid employees, corporations, and partnerships.</i> <div style="background-color: black; height: 30px; width: 100%;"></div>
New Telephone Number:	E-mail: <i>By providing your e-mail address, you consent to receive communications electronically from DCA, and you affirm that the e-mail listed is a reliable form of communication for you.</i>

PART 3: BACKGROUND QUESTIONS

Since you originally applied for this license or last completed a renewal application:

Please answer Background Questions on behalf of all individuals named on the application. "Individual" refers to sole proprietor; general partner; corporate officer; shareholder owning 10% or more of the business; member; officer; Board of Directors member.

- Some background questions inquire about criminal and/or civil charges. A conviction does not, by itself, mean you will not get a license. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction will be considered. However, your license may be denied if you fail to disclose a conviction in response to the questions.
- Descriptions for questions relating to charges should include date of conviction, nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.

1. Has individual had ANY government-issued license/permit denied, suspended, or revoked?

☐ Yes ☒ No

If Yes, provide the following information:

License/Permit Type:

Government License/Permit Number:

Business/Individual Name:

2. Are there any pending charges against individual?

☐ Yes ☒ No

If Yes, provide the following information:

Type:

☐ Civil (Court or Government Agency)
☐ Criminal

Please explain.

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3. Has individual ever pled guilty or been convicted of ANY crime or offense?

☐ Yes ☒ No

If Yes, please explain.

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4. Is there any court judgment against individual or individual's business?

☐ Yes ☒ No

If Yes, please explain and state if any judgment has not been paid in full for 30 days or more.

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5. Has there been any change in the address(es) of the licensee?

☐ Yes ☒ No

If Yes, please explain.

Reminder: You must make any changes to PART 1 information in PART 2 on page 1. Use the space at right to explain changes to contact information for any other individual named on the application.

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6. Does licensee have any employee who has been convicted of an offense that occurred in the course of the licensee's business?

☐ Yes ☒ No

If Yes, please explain.

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7. Does individual prefer that business inspections be in a language other than English?

☒ Yes ☐ No

If Yes, select one.

- | | | | | |
|---|--|-----------------------------------|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Hindi | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> French-Creole | <input type="checkbox"/> Italian | <input checked="" type="checkbox"/> Russian | <input type="checkbox"/> Other. Please |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | specify: |
| <input checked="" type="checkbox"/> Farsi | <input checked="" type="checkbox"/> Hebrew | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu | <u>GEORGIAN, BELKHARIAN</u> |

PART 4: CHILD SUPPORT CERTIFICATION (Sole Proprietors and Individual General Partners)

Important: If you do not provide required information in PART 4, DCA cannot renew your license.

- A. You must provide the Social Security number or Individual Taxpayer Identification Number and Birth Date of each sole proprietor or individual general partner in your business so the City of New York can confirm that the individuals have no outstanding child support obligations.

Individual #1 (Sole Proprietor or Individual General Partner #1)

Last Name	Suffix (Jr., Sr., Esq.)(optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□		Birth Date (MM-DD-YYYY) □□-□□-□□□□	

- B. Is Individual #1 under an obligation to pay child support?

☐ Yes ☐ No

If Yes, Individual #1 must answer **ALL** questions below.

- | | |
|--|--|
| a. Does the individual owe four or more months of child support payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is the individual making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are the individual's child support obligations the subject of a pending proceeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Did the individual receive public assistance or Supplemental Security Income? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If your business has two or more individual general partners, please submit a completed, signed Child Support Certification Form for each additional general partner. To get the form, visit nyc.gov/BusinessToolbox OR call DCA's Renewal Unit at (212) 487-4060 to request a copy.

PART 5: PERMISSION (Sole Proprietors and Individual General Partners)

If applicable, Individual #1 can answer on behalf of all Individual General Partners.

Under the NYC Charter and Administrative Code, the City requests Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare.

Note: If PART 4 individuals voluntarily gave SSN or ITIN in an earlier license application, you do not need to check a box for Part 5. The City will continue to rely on prior permission.

Do PART 4 individuals give the City of New York permission to use SSN or ITIN for the purposes described above?

☒ Yes ☐ No

PART 6: AFFIRMATION AND SIGNATURE

I am authorized to complete and submit this application and all attachments (together, the "Application"). I have reviewed the entire Application. To the best of my knowledge, this Application is true, correct, and complete.

If any of the information in this Application changes, the applicant must inform the Department of Consumer Affairs of those changes. I also understand that the applicant must comply with all relevant laws and rules relating to the license which I am renewing.

I understand that the submission of this Application does not mean that my license has been renewed and that any operation of my business after the expiration of my current license and before the issuance of a new license may subject me to penalties. This affirmation shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

PENALTY FOR FALSE STATEMENTS:

It is against the law to make a statement in this Application that you know is false. If you make a statement that you know is false, you may be punished.

Under Sections 210.45 and 175.30 of the New York Penal Law, you may be:

- fined up to \$1000 and / or
- sent to jail for up to one year

Under Section 175.35 of the New York Penal Law, you may be punished if you:

- make a statement that you know is false and / or
- make the statement because you intend to mislead the Department of Consumer Affairs

Under Section 175.35 of the New York Penal Law, you may be:

- fined up to \$5000 or
- fined an amount that is twice the amount of money you received by making the false statement and / or
- sent to jail for up to 4 years

The Department of Consumer Affairs may also punish you for making a false statement on this Application. These punishments may include:

- fines or penalties of up to \$500 for each false statement
- permanent loss (revocation) of your license

By signing below, I affirm that the statements in this application are true and correct.

Signature

GABRIEL Delacruz

Print Full Name

Title/Position (if any)

President

Date

10/22/22

If you would like to register to vote, go to vote.nyc.ny.us

Note: Whether you apply to register to vote or not, it will not affect the assistance DCA will provide you.

BELOW SPACE FOR DEPARTMENT USE ONLY

APPROVED BY: _____

DATE: _____

Dealer in Products for the Disabled License

Business Name:

ORTHO SHOES CORP.

DBA/Trade Name:

REGO AID

Business Address:

10032 QUEENS BLVD

FOREST HILLS, NY 11375-2748

License Number: 1376110-DCA

Issued: 12/28/2022 **Expires:** 03/15/2025



19412-2022-RDPD

New York City Department of Consumer and Worker Protection
42 Broadway, New York, NY 10004

For complaints, contact:

311 | nyc.gov/dcwp



Eric L. Adams
Mayor

**Consumer and
Worker Protection**

Vilda Vera Mayuga
Commissioner

ORTHO SHOES CORP.
10032 QUEENS BLVD
FOREST HILLS, NY 11374-4257

PIN: 3585375



42 Broadway
New York, NY 10004
Dial 311 (212-NEW-YORK)

Receipt Number: 2183894

Receipt Print Date: Dec 28, 2022 10:59 AM

Payment Processor ID: WEBSTERK

Total Fee Item(s) Paid: 1

Fee Description	Fee Amount	Payment Amount	Payment to Date	Amount Still Owed
Dealer in Products for the Disabled License Renewal	\$200.00	\$200.00	\$200.00	\$0.00
Record ID: 19412-2022-RDPD NOH Number: License Number: 1376110-DCA				
Contact Name : ORTHO SHOES CORP.				
Premise Address: 10032 QUEENS BLVD FOREST HILLS NY 11375-2748				
Subtotal:	\$200.00	\$200.00	\$200.00	\$0.00

Convenience Fee:

Total Paid: \$200.00

Total Payment Methods: 1

Payment Method	Payor	Payment Amount
Check [REDACTED] (Paid)		\$200.00

You cannot operate your business until you receive an actual license document from the Department of Consumer Affairs (DCA)

If you are an applicant for a new license, please note that Record ID is not a License Number. The license document will include License Number.

Have you visited the Consumer Affairs Business Toolbox yet? Go to nyc.gov/consumers which includes:

- Inspection Checklists
- Online Live Chat for businesses
- *10 Things Every Business Should Know* Guide
- Online licensing services, including paying fines